

APPENDIX D (REQUIRED FORMS)
EXHIBIT 7 (REQUEST FOR LOCAL SBE PREFERENCE PROGRAM CONSIDERATION
AND CBE FIRM/ORGANIZATION INFORMATION)

I. LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM

FIRM NAME: _____

CAGE CODE: _____ **NAICS CODE:** _____

- ☐ As a business registered as 'Small' on the Federal Central Contractor Registration (CCR) data base, I request this proposal/bid be considered for the Local SBE Preference.
- ☐ The NAICS Code shown corresponds to the Services in this solicitation.
- ☐ Attached is my CCR certification page.

II. FIRM/ORGANIZATION INFORMATION

The information requested below is for statistical purposes only. On final analysis and consideration of award, Contractor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise <input type="checkbox"/> Other (Please Specify) _____						
Total Number of Employees (including owners): _____						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander						
American Indian						
Filipino						
White						

III. PERCENTAGE OF OWNERSHIP IN FIRM

Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	%

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES

If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use additional pages, if necessary.)

Agency Name	Minority	Women	Dis-advantaged	Disabled Veteran	Expiration Date

IV. LOCAL SBE PREFERENCE

Proposer understands that in no instance shall the Local SBE Preference Program price or scoring preference be combined with any other County preference program to exceed eight percent (8%) in response to this solicitation.

V. DECLARATION

I declare under penalty of perjury under the laws of the State of California that the information stated herein is true and correct.

Proposer's Name

Name of Authorized Representative

Title of Authorized Representative

Authorized Representative's Signature

Date

REVIEWED BY COUNTY

Name of Reviewer

Approved or Disapproved

Reviewer's Signature

Date

Appendix D (Required Forms)

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